

Chapter 16

911 Reporting System

16.1 Authority: 34 CFR 361.40, PL 113-128: Sections 401-424, OMB 1820-0508

16.2 Policy

Federal regulations and the Rehabilitation Act as amended requires USOR to collect and report new 911 information quarterly. The quarterly reporting periods are defined as October 1 through December 31, January 1 through March 31, April 1 through June 30, and July 1 through September 30. 911 Reports are due 45 days from the end of the quarter: February 15, May 15, August 15, and November 15. Quarterly reports to RSA will only include new data gathered during the reporting period.

911 information will be collected by USOR and entered in AWARE throughout the life of the case with required data entry at various stages during the rehabilitation process. Appendix B lists data elements which will not be changed once correctly entered in AWARE and Appendix C lists data elements which may change throughout the life of the case.

The data gathered on the 911 is vital to agency operations as it provides the justification and rationale for state and federal funding as well as meeting the federal requirements of the regulations for accountability. Therefore care must be taken to input statistical information as accurately as possible.

16.3 Intake Information

1. **Social Security Number:** Enter the client's nine-digit Social Security Number (SSN). Every effort should be made to determine and accurately record this number as it will be used for record control purposes, such as culling out duplicates, data matches with our core partners, SSA beneficiary status verification, and Ticket To Work Reimbursements.

If the applicant does not supply this information at application staff may enter a unique, temporary number until eligibility is completed. Temporary numbers must not duplicate a genuine SSN and cannot duplicate a temporary number assigned to another registered case. Starting the nine digit social security number with 999 will avoid duplicating a genuine SSN and helps the AWARE program identify it as a false, temporary number.

A correct social security number should be entered before moving a client into service status as this is the only way USOR is able to verify beneficiary status and TTW availability with the Social Security Administration. Exceptions to this must be requested by client service recommendation up to the Field Service Director level.

2. **SSN Verification Status and Verification Date:** These two fields will be auto populated with information regarding the client's Social Security Beneficiary Status once AWARE receives confirmation from the Social Security Administration.
3. **Client Name:** Enter the client's last name, first name, middle name (if applicable), and preferred name (if applicable). In the event the client's name changes for any reason it should be changed on

the intake screen and the previous names should be entered in the appropriate fields labeled previous last name and previous first name.

4. **Gender:** Choose the appropriate gender from the drop down box. Choices are:
 - a. Male
 - b. Female
 - c. Does not wish to self-identify
 - d. Not available- select this option if the information is not available on the application and due to non-participation, the case is closed prior to meeting with the client to receive clarification.
5. **Birth Date:** Enter the month, day and year of the client's birth. The first two digits of the six-digit field pertain to the month (e.g. January = 01), the next two digits to the day (e.g. the seventh = 07) and all four digits of the year.
6. **Participant Deceased:** This is an optional check box to be checked only when the client's death has been verified by some governmental record.
7. **Home and Mailing Address:** Enter the client's address and zip code. In rural areas, PO Boxes are often used for mailing addresses. In these cases enter the home address and mailing address. When there is a change in a client's mailing or home address it should be added to the intake screen. AWARE allows for old addresses to be saved if it is believed that the client may return to the original address or receive correspondence if mailed to the original address.

It is extremely important that the current address be updated in order to maintain contact and in order that follow-up activities, such as audits, research and other administrative requirements, can be conducted.
8. **Participant Phone Numbers:** Enter the phone numbers provided by the client and the email address indicated as the preferred contact for the client.
9. **Race and Ethnicity:** Check all boxes matching the individual's race as reported by the individual on the application or at the intake interview. If an individual refuses to identify his/her race, the counselor should, at a minimum, notify the individual that if he/she fails to self-identify, an observer-identification method will be used. The counselor or interviewer will then provide the best assessment of the individual's race. At least one category must be marked. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race.
 - a. Information Unavailable: Use when due to circumstances beyond the agency's control, the client exits the system without self-identifying and has never been seen for observer-identification to take place.
 - b. White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
 - a. c. Black or African American: A person having origins in any of the black racial groups of Africa.
 - c. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

- d. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - e. Native Hawaiian or other Pacific Islander: An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - f. Ethnicity: Check the Hispanic/Latino box in the Ethnicity section when appropriate. A person is considered to be Hispanic/Latino if they are of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If the individual self-identifies as Hispanic/Latino, but refuses or is unable to identify one or more race categories in addition to ethnicity then code the individual as Hispanic for ethnicity and follow the observer-identification method as described above for the race categories.
10. **Preferred Correspondence Format (OPTIONAL):** if the applicant reports he/she prefers a specific communication format select one of the following:
- a. ASL
 - b. Audio Tape
 - c. Braille
 - d. Large Print
 - e. Minimal Language Skills
 - f. Oral
 - g. Tactile
 - h. Total Communication
11. **Special Needs (OPTIONAL):** List any requests/preferences indicated by the individual which may pertain to his/her interactions with USOR.
12. **Veteran Status:** Mark the box that reflects the information provided by the applicant. The options are:
- a. Not a Veteran
 - b. Served in the active US military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.
 - c. Served on Active Duty for a period of more than 180 days and released other than a dishonorable discharge, was discharged or released because of a service connected disability, or was a member of a reserve component under an order to active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.
 - d. Is the spouse of a military person who
 - i. Died on active duty or of a service connected disability
 - ii. Is listed as one of the following for more than 90 days (at the time of application) missing in action
 - 1. Captured in the line of duty by a hostile force
 - 2. Forcibly detained or interned in the line of duty by a foreign government or power
 - iii. has a total disability permanent in nature resulting from a service connected disability
 - iv. who died while a service connected disability was in existence.
 - e. Individual does not wish to disclose veteran status

13. Migrant and Seasonal Farmworker Status at Application

- a. The individual is not a migrant or seasonal farmworker.
- b. The individual who, during the last 12 months, received at least 50 percent of his or her total earned income from qualifying farm work, worked at least an aggregate of 25 or more days or parts of days in qualifying farm work, and was not employed in farm work year round by the same employer.
- c. The individual had to travel to a job site that is far enough away from his or her permanent residence that they cannot return to their residence within the same day. (Full-time students traveling in organized groups, rather than with their families, are excluded.)
- d. The individual meets both time and distance requirements.

14. Application Date: The application date will reflect the date the application containing the information identified in Chapter 3.3.B was received by VR, . The first two digits of the six-digit field pertain to the month (e.g. January = 01), the next two digits to the day (e.g. the seventh = 07) and all four digits of the year.

15. Living Arrangement at Application: Choose the appropriate description from the drop down box which indicates the living arrangements of the individual, either temporarily or permanently, at the time of application for services. Choices are:

- a. Private Residence (independent, or with family or other person)
 - b. Community Residential/Group Home
 - c. Rehabilitation Facility
 - d. Mental Health Facility
 - e. Nursing Home
 - f. Adult Correctional Facility
 - g. Halfway House
 - h. Substance Abuse Treatment Center
 - i. Homeless/Shelter: an individual is homeless if he or she lacks a fixed, regular, adequate night time residence. This definition includes any individual who:
 - i. Has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; OR
 - ii. Is in an institution providing temporary residence for individuals intended to be institutionalized; OR
 - iii. Is using a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings OR
 - iv. Is a person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of his or her family (i.e., runaway youth).
- *Note: This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.
- j. Other

16. Marital Status: Choose the appropriate description from the drop down box to indicate the client's marital status at the time of application. Persons in common law marriages should be coded "Married" and persons whose only marriage has been annulled should be reported as "Never Married". Choices are:

- a. Married

- b. Widowed
- c. Divorced
- d. Separated
- e. Never Married
- f. Unknown (to be used for closures from applicant status only).

17. **Proof of Ability to Obtain Employment** : In accordance with U.S. federal law, the VR Counselor must determine the applicant's citizenship status before proceeding with registering the application. The key issue is the client must be able to work at the completion of the IPE since this is the purpose for the provision of services. If an applicant is unable to legally work in the U.S. they would not be considered an appropriate referral for VR services. For further information about processing of referrals see CSM 3.7.

18. **United States Citizen**: Record the individual's citizenship status by selecting the appropriate option from those listed below. If the client does not report having US citizenship, proceed to verify Legal Status to work.

- a. Not Completed (to be used for closures from applicant status only).
- b. Yes
- c. No

19. **Legal Status to work**- See CSM 3 for further guidance on documents meeting the criteria outlined below:

- a. USCIS Employment Authorization Card
- b. USCIS Permanent Resident Card

20. **Personal Identification**: Obtain proof of the client's identity as per CSM 10.4 and enter the ID type and number. The document provided as proof of identity must: be government issued photo ID; contain information matching the identifying information provided by the individual applying for services; be current (expired ID's cannot be accepted).

*Note: The ID must also be scanned and added to the record in AWARE prior to development of an IPE. See CSM 10.4 for detailed information regarding acceptable ID and documentation in AWARE.

21. **Referral Source**: Choose the option that best matches the individual or agency that first referred the individual to VR from the drop down box. If the individual approached the agency on his/her own, select "self-referral." Choices are:

- a. 14(c) Certificate Holders. Select this option if the client was referred by an employer or agency holding a 14 (c) Certificate. This is a federal certification which allows the employer/agency to pay the individual subminimum wages (includes sheltered workshops).
- b. Adult Education and Literacy Programs
- c. American Indian VR Services Program
- d. Centers for Independent Living
- e. Child Protective Services
- f. Community Rehabilitation Programs
- g. Consumer Organizations or Advocacy Groups
- h. DOL Employment and Training Service Programs for Adults, Dislocated Workers, and Youth
- i. Educational Institutions (elementary/secondary)
- j. Educational Institutions (postsecondary)

- k. Employers
- l. Extended Employment Providers
- m. Faith Based Organizations
- n. Family/Friends
- o. Intellectual and Developmental Disabilities Providers
- p. Medical Health Provider (Public or Private)
- q. Mental Health Provider (Public or Private)
- r. Public Housing Authority
- s. Self-referral
- t. Social Security Administration (Disability Determination Service or District office)
- u. State Department of Correction/Juvenile Justice
- v. Veteran's Benefits Administration (which includes VA Vocational Rehabilitation)
- w. Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
- x. Wagner-Peyser Employment Service Program
- y. Welfare Agency (State or local government)
- z. Worker's Compensation
- aa. Other One-stop Partner
- bb. Other Sources
- cc. Other State Agencies
- dd. Other VR State Agencies
- ee. Other WIOA-funded Programs including Job Corps, YouthBuild, Indian and Native Americans, and Migrant and Seasonal Farmworker Programs

22. **Referral Source Detail:** provide the specific organization name of referral agency.

23. **Primary Source of Support at Application:** Choose the code from drop down box which describes the individual's largest single source of economic support at application, even if it accounts for less than one-half of the individual's total support. If a person is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Family and Friends as the Primary Source of Support (not Personal Income). If an individual is primarily supported by a governmental entity with no cash support – for example, incarcerated individuals, select Public Support as the primary source of support only if the individual applicant is the recipient of the support. If the family, not the applicant, receives public support, select Family and Friends. Choices are:

- a. Personal Income (earnings, interest, dividends, rent, retirement including social security)
- b. Family and Friends
- c. Public Support (SSI, SSDI, TANF, etc.)
- d. All other sources (e.g., private disability insurance and private charities)

*Information is not available (used for closures where information is not available due to circumstances beyond the agency's control).

24. **Public Support Available:**

- a. No
- b. Not Available
- c. Yes

25. **Social Security Status at Application** : Record individual's SSDI and SSI status from the following options

- a. Applicant- Allowed Benefits
- b. Applicant- Denied Benefits
- d. Applicant- Status of Application Pending
- e. Benefits Discontinued or Terminated
- f. Not an applicant
- g. Not Known if an Applicant

AWARE will verify the beneficiary status of the individual and record the date the status was verified.

If the individual is a Social Security Beneficiary for his/her disability, indicate if presumptive eligibility is possible.

26. **Will Exhaust TANF within 2 years**: record if the individual reports that he/she will exhaust TANF benefits within 2 years using the application date for VR services as the date of reference.

27. **Public Support Available**:

Enter the monthly amount (to the nearest dollar) of public support received by the individual at application from each of the following sources. Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. If the individual does not receive public support in a category enter 0. Categories of public support are:

a. SSI

Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the SSA or from a copy of the individual's benefit notification letter. If the individual is not receiving assistance enter 0.

b. SSDI

Enter the amount of SSDI received by the individual each month. This figure can be verified through the SSA or from a copy of the individual's benefit notification letter. If the individual is not receiving assistance enter 0.

c. VA

Enter the amount of Veterans' Disability Benefits paid by the Department of Veterans Affairs for the partial or total disability. If the individual does not receive benefits enter 0.

d. TANF

Enter the monthly amount of cash public assistance payments made through the federally funded TANF program (to the nearest dollar). If the TANF payment is made to the family unit,

use the local disbursing agency's procedure to estimate the individual's portion of the payment. If the individual is not receiving assistance enter 0.

e. GA

Enter the amount of General Assistance received by the individual each month. If the individual is not receiving assistance enter 0.

f. Workers Comp.

Enter the amount of Workers' Compensation received monthly by the individual. If the individual does not receive benefits enter 0.

g. Other Disability

Enter the amount of funding the individual receives for his/her disability from a public entity not listed above. If the individual does not receive benefits enter 0.

h. OPS

Enter the total amount of all other Public Support received by the individual beyond those otherwise listed. Include cash payments made by Federal, State, and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments. If the individual does not receive other Public Support enter 0.

AWARE will verify the SSI and SSDI Gross Benefit Amount for individuals who are SSA beneficiaries.

28. **Medical Insurance Coverage at Application:** Select the type of medical insurance coverage the individual reports at application. Options include:

- a. Medicaid
- b. Medicare
- a. C. Public Insurance from Other Sources. Select this option for individuals who are receiving health insurance coverage from public sources such as Workers' Compensation, Children's Health Insurance Program, etc.
- c. Private Insurance Through Own Employer
- d. Eligible for employment private ins after wait period. Select this for individuals who are not yet eligible for private insurance through current employer, b will be eligible for private insurance after a certain period of employment.
- e. Private Insurance through Other Means: Select this option for individuals receiving benefits through their parent/family members' insurance plan.
- h. State or Federal Affordable Care Act Exchange. Select this for individuals receiving benefits through their enrollment in an Affordable Care Act Exchange.
- i. None.

29. **Date Last Employed:** Enter the year and date of the individual's last paid employment at application. If the individual has never held paid employment, leave this section blank.

30. **Employment within one week of application:** enter the work status at application. If employed, enter the job title, hours worked per week, salary, payment schedule, and hourly wage.

31. **Work History:** Enter the individual's reported work history, if applicable. Include employer, job title, start date, end date, and reason for leaving.
31. **Job Interests:** Record any reported work interests reported by the individual.
32. **Contacts (Optional):** record phone numbers belonging to relatives or references who may serve as a contact should the client's primary phone number be disconnected.

16.4. Education Information

1. **Education Level at Application:** No updates once information at application is entered accurately. Choose the appropriate description for the level of education the individual has attained at the time of application from the drop down box. If an actual educational level is not documented, choose an estimated level.
- a. No formal schooling
 - b. Elementary education (grades 1-8)
 - c. Secondary education, no high school diploma (grades 9-12)
 - d. Special education certificate of completion/diploma or in attendance: select for individuals whose highest level of education is special education. This includes various situations including:
 - i. the individual is currently a special education student,
 - ii. the individual received special education and earned a certificate of completion or high school diploma, or
 - iii. the individual received special education but did not receive a certificate/diploma
 - e. High school graduate or equivalency certificate (GED)
 - f. Post-secondary education, no degree or certificate
 - g. Post-secondary academic degree, Associate degree
 - h. Bachelor's degree
 - i. Master's degree
 - j. Any degree above a Master's – e.g. Ph.D, Ed.D, J.D
 - k. Vocational/Technical Certificate or License
 - l. Occupational credential beyond undergraduate degree work
 - m. Occupational credential beyond graduate degree work
 - n. Information is not available (can be used for cases closed from applicant status)
2. **Student with A Disability in Secondary Education at Application:**
- a. This individual is a student and is receiving services under an IEP
 - b. This individual is a student with a 504 accommodation plan
 - c. This individual is a student with a disability who does not have an IEP or 504 plan
 - d. This individual is not a student with a disability in secondary education
3. **School at Application:** use the find tool to select the school the applicant is attending at the time of application. This includes elementary, secondary, post-secondary schools, and homeschool .
4. **School System at Application:** AWARE will auto-fill the School System which corresponds to the School at Application chosen.
5. **Expected Graduation Date at Application:** enter the date the applicant expects to graduate if attending a school at application.

6. **Age at Application:** AWARE will calculate the age at application based on the birth date entered on the intake page.
7. **Current Age:** AWARE will calculate this number based on the birth date entered on the intake page.
8. **Student with a Disability:** Current SWD status will be calculated by AWARE based on the individual's age and educational goal.
8. **Transition Program Participant:** Transition program refers to any program designed for individuals from the age 14-22 to facilitate the transition to adult services and employment (WIOA youth, etc)
 - a. No, Never a Program Participant
 - b. Previous Program Participant
 - c. Yes, Current Program Participant
9. **Current Level of Education:** Select the highest level of education currently held by the individual.
 - a. No formal schooling
 - b. Elementary education (grades 1-8)
 - c. Secondary education, no high school diploma (grades 9-12)
 - d. Special education certificate of completion/diploma or in attendance: select for individuals whose highest level of education is special education. This includes various situations including:
 - i. the individual is currently a special education student,
 - ii. the individual received special education and earned a certificate of completion or high school diploma, or
 - iii. the individual received special education but did not receive a certificate/diploma
 - e. High school graduate or equivalency certificate (GED)
 - f. Post-secondary education, no degree or certificate
 - g. Post-secondary academic degree, Associate degree
 - h. Bachelor's degree
 - i. Master's degree
 - j. Any degree above a Master's – e.g. Ph.D, Ed.D, J.D
 - k. Vocational/Technical Certificate or License
 - l. Occupational credential beyond undergraduate degree work
 - m. Occupational credential beyond graduate degree work
 - n. Information is not available (can be used for cases closed from applicant status)
10. **Current School:** use the find tool to select the training facility the applicant is currently attending. This includes elementary, secondary, post-secondary schools, and home school.
11. **Current School System:** AWARE will auto-fill the School System which corresponds to the Current School selected.
12. **Education History (Optional):** enter the school, begin date, end date, and area of study of educational credentials achieved prior to application.

13. **Educational Goal:** RSA requires that USOR record the education goal pursued by the client as well as when the goal is achieved. The information will be updated with RSA quarterly and depending on the client, may change more than once throughout a calendar year. When the individual enrolls in training, VR staff will select the corresponding education goal from the following list in AWARE:

- a. No Formal Schooling
- b. Grades 1-8
- c. Grade 9
- d. Grade 10
- e. Grade 11
- f. Grade 12
- g. Special Education- select this option for students in post-high special education programs
- h. Student in a state Adult High School (ASE) program
- i. Post Secondary Ed 1st Academic Year
- j. Post Secondary Ed 2nd Academic Year
- k. Post Secondary Ed 3rd Academic Year
- l. Post Secondary Ed 4th Academic Year
- m. Career or Technical Training Program (certificate or diploma only)
- n. Career or Technical Training Program (stackable credit)

Select an approximate Begin Date for the educational goal. Note: for students in elementary and secondary education who have recently completed an academic year but have yet to begin the subsequent year (ie, on a summer break) enter the current date as the begin date so that they may correctly be classified as a student with a disability.

Select the expected end date of the identified educational goal.

14. **Educational Goal Outcome:** Once the education goal has been achieved, enter the actual end date and outcome of the training. Options for Educational Goal Outcome are:

- a. No Formal School
- b. Disenrollment
- c. Completion, No Degree or Certificate- This option is used when completing an incremental portion of a training program, for instance completion of the 10th grade.
- d. Special Education Certificate or Diploma
- e. High School Diploma
- f. GED
- g. Completed Secondary Education through grade 12, no high school diploma
- h. Vocational/Technical Certificate
- i. Vocational/Technical License
- j. Associate Degree
- k. Bachelor's Degree
- l. Master's Degree
- m. Doctorate Degree

Please keep the following definitions in mind when selecting the educational goal outcome.

Certification is a credential awarded by a certification body based on an individual demonstrating through an examination process that he or she has acquired the designated knowledge, skills, and

abilities to perform a specific job. The examination can be either written, oral, or performance based. Certification is a time limited credential that is renewed through the recertification process.

License refers to a credential awarded by a licensing agency based on predetermined criteria. The criteria may include some combination of degree attainment, certifications, certificates, assessment, apprenticeship programs, or work experience. Licenses are time-limited and must be renewed periodically.

Educational Certificate refers to a credential awarded by an education institution based on completion of all requirements for a program of study, including coursework and test or other performance evaluations. Certificates are typically awarded for life (like a degree). Certificates of attendance or participation in a short-term training (e.g. 1 day) are not in the definitional scope for educational certificates.

*Note The educational goal and outcome section is also used to help AWARE identify the individual as a student with a disability and therefore eligible for Pre Employment Transition Services. Thus accurate, timely entry of educational goals and outcomes is paramount.

16. **Age at Closure:** AWARE will calculate the age at closure based on the birthdate entered at application.

17. **Level of Education Attained at Closure:** Enter the highest level of education achieved by the individual at case closure. Options include:

- a. No Formal School
- b. Disenrollment
- c. Completion, No Degree or Certificate- This option is used when completing an incremental portion of a training program, for instance completion of the 10th grade.
- d. Special Education Certificate or Diploma
- e. High School Diploma
- f. GED
- g. Completed Secondary Education through grade 12, no high school diploma
- h. Vocational/Technical Certificate
- i. Vocational/Technical License
- j. Associate Degree
- k. Bachelor's Degree
- l. Master's Degree
- m. Doctorate Degree

18. **Student with Disability in Secondary Education at Closure**

- a. This individual is a student and is receiving services under an IEP
- b. This individual is a student with a 504 accommodation plan
- c. This individual is a student with a disability who does not have an IEP or 504 plan
- d. This individual is not a student with a disability in secondary education

19. **Comments (optional):** Add information which is pertinent to rehabilitation services of the individual but which may not fit into one of the above categories.

16.5. Barriers to Employment

1. **Poor Work History** refers to the stability of employment experienced by an individual. Select this option if individual is a person who has not worked for any non agricultural employer for longer than three (3) consecutive months in the 24 months prior to Application. For example, an individual with a poor work history will have had at least one job but may not have retained the job for more than a short duration of time. Another example of a poor work history might include several different jobs held by an individual but the majority of employment has been short term in nature. Select the option which best fits the work history report provided by the client.
 - a. Has a poor work history
 - b. Does not have a poor work history
2. **Lacks Education Skills/ Lacks Occupational Skills:** Record if the individual reports lacking educational and occupational skills at application. Educational skills are defined as those gained through credentialing at the secondary level (ie high school diploma, GED special education certificate, etc). Occupational skills is defined as post secondary credentials indicating the client obtain verifiable occupational skills (certificates, diplomas, degrees, etc). Select all that apply from the following options.
 - a. Lacks Educational Skills
 - b. Lacks Occupational Skills
 - c. Does not lack educational or Occupational Skills
3. **Limited English at Application:** select all that apply
 - a. Native Language is not English and has limited ability in speaking, reading, writing or understanding the English language and/or Lives in a family or community where a language other than English is dominant and has limited ability in speaking,reading, writing, or understanding the English Language
 - b. Does not have limited English skills
4. **Limited Literacy at Application**
 - a. Computes or solves problems, reads, writes, or speaks English at or below the 8th grade level
 - b. Unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family, or in society.
 - c. Does not have low literacy
5. **Cultural Barriers at Application:** Cultural Barriers occur when the individual perceives him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.
 - a. Cultural barriers inhibit ability to work
 - b. Cultural barriers do not inhibit ability to work
6. **Basic Skills Deficient**
 - a. Computes, reads, writes, or speaks English below 8th grade level
 - b. Unable to compute, read, write, or speak English at level necessary to function on the job, with family, or in society
 - c. Not Basic Skills Deficient
7. **Dislocation from Job at Application-** The individual is a dislocated worker and was dislocated from employment that was high wage and/or high benefit. If the individual was a dislocated worker, indicate if the employment from which he/she was dislocated was high wage and/or high benefit.

High wage is defined as employment in which earnings were at least 125% of median wage in Utah. High Benefit employment is defined as employment which provided employer supplemented health insurance (not ACA). Select all that apply.

- a. Dislocation from High Wage and High Benefit Employment
- b. Not Dislocated from high-wage/benefit Employment

8. Single Parent at Application

- a. Single parent with dependent child under 18- select if the individual is single, separated, divorced or a widowed individual (including pregnant women) who has primary responsibility for one or more dependent children under age 18.
- b. Not currently a single parent.

9. Displaced Homemaker at Application

- a. Has been providing unpaid services to family members in the home, has been dependent on income of another family member, is no longer supported by that income, is unemployed or underemployed and is having difficulty obtaining or upgrading employment
- b. Has been providing unpaid services to family members, is dependent spouse of a service member whose family income is reduced due to deployment, a call or order to active duty, permanent change of station, or service related death or disability, is unemployed or underemployed and is having difficulty obtaining or upgrading employment
- c. Not currently a displaced homemaker

10. Low Income at Application

- a. Receives, or is a member of a family which receives, cash payments under a
- b. federal, state or local income-based public assistance program
- c. Received an income, or is a member of a family that received a total family
- d. income that per family size does not exceed the higher of the poverty line or 70
- e. percent of the lower living standard income level within the last six months
- f. Is an individual with a disability whose own income meets the above criteria but whose family does not meet the income criteria
- g. Is a member of a household that receives Food Stamps within the last 6 months
- h. Qualifies as a homeless individual
- i. Is a foster child on behalf of whom State or local government payments are made
- j. Is not low income

11. Dislocated Worker: Select the appropriate option to record if the individual was a dislocated worker at application.

- a. Terminated or laid off, or received notice of such, is eligible for or has exhausted unemployment compensation, and is unlikely to return to a previous occupation.
- b. Terminated or laid off, or received notice of such has demonstrated attachment to the workforce, is not eligible for unemployment compensation due to insufficient earnings or employment not covered, and is unlikely to return to a previous occupation.
- c. Terminated or laid off, or received notice of such, as a result of permanent closure or substantial layoff that will occur within 180 days.
- d. Was self-employed but is no longer self-employed due to economic conditions.
- e. Individual is not a dislocated worker.

12. **Offender Status at Application**—Offender designation is assigned if the individual is a person who either (a) is or has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.
- Currently or has been an offender
 - Has never been an offender
13. **Foster Care Youth Status at Application**
- Currently in foster care
 - Previously in foster care
 - Has never been in foster care

16.6. Disability Information

Once records have been received confirming the presence of a disability and impediment, enter the approximate date of onset of the disability as well as the priority of the disability entered. Only the primary and secondary (those most affecting the individual's employment status) will be reported to RSA however more than two disabilities may be entered.

Impairment:

00 No impairment

*****Sensory/Communicative Impairments**

01 Blindness

02 Other visual impairments

03 Deafness, Primary Communication Visual

04 Deafness, Primary Communication Auditory

05 Hearing Loss, Primary Communication Visual

06 Hearing Loss, Primary Communication Auditory

07 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc)

08 Deaf-Blindness

09 Communicative Impairments (expressive/receptive)

*****Physical Impairments**

10 Mobility Orthopedic/Neurological Impairments

11 Manipulation/Dexterity Orthopedic/Neurological Impairments

12 Both Mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments

13 Other Orthopedic Impairments (e.g. limited range of motion)

14 Respiratory Impairments

15 General Physical Debilitation (fatigue, weakness, pain, etc.)

16 Other Physical Impairments (not listed above)

*****Mental Impairments**

17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)

18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)

19 Other Mental Impairments

Cause:

00 Cause unknown

01 Accident/Injury (other than TBI or SCI)

02	Alcohol Abuse or Dependence
03	Amputations
04	Anxiety Disorders
05	Arthritis and Rheumatism
06	Asthma and other Allergies
07	Attention-Deficit Hyperactivity Disorder (ADHD)
08	Autism
09	Blood Disorders
10	Cancer
11	Cardiac and other Conditions of the Circulatory System
12	Cerebral Palsy
13	Congenital Condition or Birth Injury
14	Cystic Fibrosis
15	Depressive and other Mood Disorders
16	Diabetes Mellitus
17	Digestive
18	Drug Abuse or Dependence (other than alcohol)
19	Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
20	End-Stage Renal Disease and other Genitourinary System Disorders
21	Epilepsy
22	HIV and AIDS
23	Immune Deficiencies excluding HIV/AIDS
24	Mental Illness (not listed elsewhere)
25	Intellectual/ Developmental Conditions
26	Multiple Sclerosis
27	Muscular Dystrophy
28	Parkinson's Disease and other Neurological Disorders
29	Personality Disorders
30	Physical Disorders/Conditions (not listed elsewhere)
31	Polio
32	Respiratory Disorders other than Cystic Fibrosis or Asthma
33	Schizophrenia and other Psychotic Disorders
34	Specific Learning Disabilities
35	Spinal Cord Injury (SCI)
36	Stroke
37	Traumatic Brain Injury (TBI)

1. **Primary Disability Impairment:** Choose the appropriate description of the primary disability impairment for the client from the drop down box which describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. Choices were listed above (see 1-Q). You may not enter the same impairment twice (for both primary and secondary fields). You may have two different impairments with the same cause (cause codes listed below).
2. **Primary Cause of Impairment:** Choose the code that best describes the cause/source of the impairment from the drop down box.

3. **Secondary Disability Impairment:** Follow the instructions as in 1 (above) to add a secondary disability impairment code where appropriate. A secondary disability is a physical or mental impairment that contributes to, but is not the primary basis of, the impediment to employment.
4. **Secondary Disability Cause:** Follow the instructions as in 2 (above) to add a secondary disability cause where appropriate.

16.7. Special Programs

1. **State Agency Special Program Identification:**

- a. agrability: check this box if the individual is receiving services from the agrability program at USU.
- b. ASPIRE: check this box if the individual is a participant in the ASPIRE program.
- c. CTW: Check this box if the client received services through the Choose To Work program.
- d. DSPD: check this box if the individual is a recipient of benefits from any of the programs available through DSPD.
- e. ASCENT: check this box if the client is a current participant of the ASCENT program (Formerly UDOWD).
- f. Deaf and Blind: the individual is both deaf and blind, as defined below, regardless of any other disabilities. Note that It is not necessary for either the blindness or deafness to be the primary or secondary disability. The presence of both disabilities is sufficient for the individual to be considered deaf and blind. The definition of deaf and blind is the one in use at the Helen Keller National Center for Deaf/Blind Youth and Adults for determining eligibility to its evaluation and rehabilitation programs.
 - i. Deafness - A psychological chronic hearing impairment so severe that most speech cannot be understood through the ear with optimum amplification. The speech discrimination score should be 40 percent or less in the better ear.
 - ii. Blindness - Visual acuity does not exceed 20/200 in the better eye with corrective lenses. Visual acuity may be greater than 20/200, if the field of vision is constricted to 20 degrees or less. An exception to these definitions may be made for (a) an individual with an auditory or visual condition that is indicative of poor prognosis, or (b) one whose ability to use hearing and/or vision is so limited, as a result of protracted, inadequate use of either or both of these senses, that the individual functions as a deaf/blind person.
- g. DSDHH: check this box if the individual is receiving services from the Division of Services for the Deaf and Hard of Hearing.
- h. UCAT Check this box if the client received any evaluation or other service through the Utah Center for Assistive Technology (UCAT).
- i. UWIP: Check this box if the client received benefit planning through USOR Utah Work Incentive Planning Services Unit.

2. **Individuals, Agencies and Other Entities Participant Has Been Referred To:** Entries in this section can and should be made throughout the life of the case. New referral information will be sent to RSA quarterly. Select all that apply.

- a. 14(c) Certificate Holders
- b. Adult Education and Literacy Programs
- c. American Indian VR Services Program
- d. Centers for Independent Living
- e. Child Protective Services

- f. Community Rehabilitation Programs
- g. Consumer Organizations or Advocacy Groups
- h. Day care provider programs
- b. DOL Employment and Training Service Programs for Adults, Dislocated Workers, and Youth
- c. Educational Institutions (elementary/secondary)
- d. Educational Institutions (postsecondary)
- e. Employers
- f. Employment Programs
- g. Energy Assistance Programs
- h. Extended Employment Providers
- i. Faith Based Organizations
- j. Family/Friends
- k. Housing Programs
- l. Intellectual and Developmental Disabilities Providers
- m. Medical Health Provider (Public or Private)
- n. Mental Health Provider (Public or Private)
- o. Programs for Older Individuals who are Blind
- p. Public Housing Authority
- q. Self-referral
- r. Social Security Administration (Disability Determination Service or District office)
- s. State Department of Correction/Juvenile Justice
- t. TANF Program and Food Stamp Programs
- u. Transportation Programs
- v. Veteran's Benefits Administration (which includes VA Vocational Rehabilitation)
- w. Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
- x. Wagner-Peyser Employment Service Program
- y. Welfare Agency (State or local government)
- z. Worker's Compensation
- aa. Other One-stop Partner
- a. Other Sources
- bb. Other State Agencies
- cc. Other VR State Agencies
- dd. Other WIOA-funded Programs including Job Corps, YouthBuild, Indian and Native Americans, and Migrant and Seasonal Farmworker Programs

3. Other Service Providers and Funding Sources Providing Services or Funding to the Participant:

Record the service providers or funding sources USOR has confirmed the individual is receiving and the approximate date the services began. If USOR receives confirmation that the individual no longer receives services or funding, an end date will be entered for the corresponding program. AWARE will report changes made to the list in the quarterly RSA report and therefore programs do not need to be deleted unless entered in error. Providers and Funding Sources include:

- a. Adult education and Literacy program administered by the Department of Education
- b. Adult, Dislocated Worker and Youth formula program administered by Department of Labor (DOL)
- c. American Indian VR Services Program
- d. Centers for Independent Living

- e. Child Protective Services
- f. Community Rehabilitation Programs
- g. Consumer Organizations or Advocacy Groups
- h. Educational Institutions (elementary/secondary)
- i. Educational Institutions (postsecondary)
- j. Employers
- k. Employment Networks (not otherwise listed)
- l. Federal Student Aid (such as, Pell grants, SEOG (Supplemental Educational Opportunity Grant), work study, etc.
- m. Intellectual and Developmental Disabilities Agencies
- n. Medical Health Provider (Public or Private)
- o. Mental Health Provider (Public or Private)
- p. One-stop Operators
- q. Public Housing Authority
- r. Social Security Administration (Disability Determination Service or District office)
- s. State Department of Correction/Juvenile Justice
- t. State Employment Service Agency
- u. Veteran's Benefits Administration (which includes VA Vocational Rehabilitation)
- v. Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
- w. Wagner-Peyser Employment Service Program
- x. Welfare Agency (State or local government)
- y. Worker's Compensation
 - z. Other DOL programs authorized under WIOA (Job Corps, YouthBuild, Indian and Native American programs, Migrant and Seasonal Farmworker programs, and evaluation and multistate projects)
- z. Other VR State Agencies
- aa. Other State Agencies
- bb. Other Sources

4. **Public Support Changes**

Enter Changes to SSI aged, SSI blind, SSI disability, SSDI disability, and SSDI other in this section. Include the reported dollar amount, benefits start date, and ,when appropriate, the benefits end date.

16.8 Disability Priority

Each individual found eligible for VR services will be assigned a disability priority category as per 34 CFR 361.36 (see Chapter 24 for more information on disability category and order of selection). Select all appropriate areas of functional limitations, the estimated number of services the individual is likely to need for rehabilitation, and the estimated number of months needed for successful rehabilitation. This information will then be used to calculate the appropriate priority category as per CSM 24.

16.9 Employment

1. **Work Status:** record the employment status achieved by the client. Options are:

- a. Competitive Integrated Employment- work performed on a full-time or part-time basis which presents opportunities for advancement that are similar to employees without disabilities in similar positions
 - i. Competitive is defined as employment that is
 - 1. is compensated at a rate that is at least minimum wage (or higher if a higher wage is established by state or local law),
 - 2. Is not less than the customary rate paid by the employer for the same or similar work performed by employees without disabilities with similar training, experience, and skills
 - 3. Is eligible for the level of benefits provided to other employees
 - ii. Integrated is work performed at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to the employee) to the same extent that employees without disabilities, in comparable positions interact with other persons.
- b. Self Employment (except BEP): refers to work for profit or fees including operating one's own business, farm, shop, or office. "Self-employment" includes sharecroppers, but not wage earners on farms. Competitive self employment must yield an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience and skills.
- c. State managed Business Enterprise Program (BEP) refers to Randolph Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of the State VR agency. Include home industry where the work is done under the management and supervision of the State VR agency in the individual's own home or residence for wages, salary, or on a piece-rate.
- d. Competitive Integrated Employment with Supports refers to competitive integrated employment, as defined above, with ongoing support services for the individuals with significant disabilities (supported employment).
- e. Integrated Employment with Supports- This is not considered a successful employment outcome. This outcome is for integrated employment with ongoing support services, for individuals with significant disabilities, that is expected to become competitive integrated employment within six months.

2. **General Employment Information:**

This information will be auto-populated by AWARE upon completion of the employment page.

3. **Source of report:** indicate the source used for verification of employment information. Options are:

- a. Community Rehabilitation Program (CRP)
- b. Counselor
- c. Employer
- d. Family/Friend
- e. Job Coach
- f. One Stop Center
- g. Participant
- h. Private Employment Agency

i. State Employment Service

4. **Job Title:** This element will auto-populate from the Employment goal listed on the last IPE. Verify that this employment outcome is consistent with the employment goal on the individual's IPE and update the IPE goal as appropriate.
5. **Hours Worked Per Week:** Enter the number of hours the individual worked for earnings in a typical week when the individual exited. If the client reports varying hours, report the average number of hours worked per week.
6. **Salary:** Enter the salary and associated payment schedule at exit the individual earned after achieving an employment outcome consistent with the employment goal on the IPE. This amount should reflect cash earnings from wages, salaries, tips, and commissions. Earnings should be reported before payroll deductions of Federal, State, and local income taxes and Social Security payroll tax are taken.

Salary should also include profits derived from self-employed individuals. Wages for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers if necessary.

Where wages are based on commissions that are irregular (eg real estate, automobile sales, etc) they should be calculated over a representative period of time such as one month or longer to obtain a meaningful figure. Commissions are generally not paid when earned but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, wages should be based on the actual receipt of payment and not on amounts accruing until the next commission payout.

If there are significant amounts of irregular unreimbursed business expenses (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time such as one month or longer to obtain a meaningful figure.
7. **Hourly Wage at Exit:** AWARE will calculate the hourly wage based on the salary and payment schedule entered.
8. **Participant's Work Phone:** Enter the client's work phone number if available and indicate if the client provides permission to contact his/her employer for follow-up. Counselors must also obtain a signed release prior to contacting the employer. See CSM 4 for further guidance regarding confidentiality.
9. **Employment Benefits Narrative:** List or note pertinent employment benefits information taking care to include existing, pending, and potential benefits available.
10. **Employer:** Utilize the Find tool to match the client's reported employer with the employer's name in the AWARE database. If unable to find the correct employer, use the temporary employer designation "Temporary Employer Only/Not used for Closing Case" and contact the business relations team in order to have the employer added to the database.

The remaining information: Government Employer, Federal OFCCCP Contractor

11. **Employer Address, and Employer Phone Number:** values will be auto-populated based on the Employer selected.

12. **Leaving Information**

Complete this section if the client reports losing the employment listed above. If the client retains employment, the reason section will state "Employed Currently."

16.10 Closure Information

1. **Closure Date:** To be completed by the supervisor once the file has been reviewed for closure and all requirements have been satisfactorily met. Note: the case does not close until this date is added.
2. **Outcome:** Outcome choices are
 - a. Rehabilitated: This option requires at least 90 days of stable employment.
 - b. Other than rehabilitated
3. **Archive Date:** AWARE will enter this information after the fourth quarter following the date of exit or the fourth quarter following the completion of extended services.
4. **Reason for closure:** If the closure outcome is other than rehabilitated, enter the reason a successful outcome was not achieved. Options are:
 - a. All other reasons
 - b. Death
 - c. Disability too significant to benefit from VR services (ineligible): use this to identify an individual whose mental or physical disability is so significant that the individual cannot benefit or continue to benefit from VR services in terms of employment.
 - d. Does not require VR services (ineligible): use this code for applicants who do not require VR services to prepare for, enter into, engage in , or retain gainful employment.
 - e. Extended Employment: Use this code for individuals who received services and were placed in non-competitive integrated employment for a public or non-profit organization.
 - f. Extended Employment and sub-minimum wage
 - g. Extended services not available: Use this code for individuals who would have benefited from the provision of supported employment services but for whom no source of extended services was available.
 - h. Homemaker
 - i. No disabling condition (ineligible): use this code for applicants who are not eligible for VR services because no physical or mental impairment exists, such as when the reported disability is an acute condition with no residual impairment.
 - j. No impediment to employment (ineligible): use this code for applicants who are not eligible for VR services because their physical or mental impairment does not constitute a substantial impediment to employment.
 - k. Refused services or no further services: Use this for individuals who choose not to participate or continue in their VR program at this time. Also use this to indicate when an individual's actions (or non-actions) make it impossible to begin or continue a VR program.
 - l. Subminimum Wage
 - m. Transferred to another agency: use this when an individual needs services that are more appropriately obtained elsewhere. Transfer to the other agency indicates that appropriate

referral information is forwarded to the other agency so that agency may provide services more effectively. Include individuals transferred to other state VR agencies.

- n. Transportation not feasible: Use this to indicate that the individual was unable to accept or maintain employment because suitable transportation was either not feasible or not available.
- o. Unable to locate or contact: use this code when the individual has relocated or left the state without a forwarding address
- p. Unpaid Family Worker

5. Primary Source of Support:

- a. All other sources (eg private disability insurance and private charities)
- b. Family and Friends
- c. Personal Income (employment earnings, interest, dividends, rent, retirement including social security)
- d. Public Support (SSI, SSDI, TANF, etc)

6. Medical Insurance at Closure:

- a. Medicaid
- b. Medicare
- c. C. Public Insurance from Other Sources. Select this option for individuals who are receiving health insurance coverage from public sources such as Workers' Compensation, Children's Health Insurance Program, etc.
- d. Private Insurance Through Own Employer
- e. Eligible for employment private insurance after wait period. Select this for individuals who are not yet eligible for private insurance through current employer, but will be eligible for private insurance after a certain period of employment.
- f. Private Insurance through Other Means: Select this option for individuals receiving benefits through their parent/family members' insurance plan.
- g. State or Federal Affordable Care Act Exchange. Select this for individuals receiving benefits through their enrollment in an Affordable Care Act Exchange.
- h. None.
- i. Not Available- use this option

7. Social Security Status at Closure: Record individual's SSDI and SSI status from the following options

- a. Applicant- Allowed Benefits
- b. Applicant- Denied Benefits
- c. Applicant- Status of Application Pending
- d. Benefits Discontinued or Terminated
- e. Not an applicant
- f. Not Known if an Applicant

AWARE will verify the beneficiary status of the individual and record the date the status was verified.

8. Public Support Available: Record individual's SSDI and SSI status from the following options

- a. No-select if the individual has not applied for benefits
- b. Not Available- select if the individual has been denied benefits
- c. Yes - select for those Receiving Benefits

AWARE will verify the beneficiary status of the individual and record the date the status was verified.

9. **Benefits**

Enter the monthly amount (to the nearest dollar) of public support received by the individual at application from each of the following sources. Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. If the individual does not receive public support in a category enter 0. Categories of public support are:

a. **SSI**

Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the SSA or from a copy of the individual's benefit notification letter. If the individual is not receiving assistance enter 0.

b. **SSDI**

Enter the amount of SSDI received by the individual each month. This figure can be verified through the SSA or from a copy of the individual's benefit notification letter. If the individual is not receiving assistance enter 0.

c. **VA**

Enter the amount of Veterans' Disability Benefits paid by the Department of Veterans Affairs for the partial or total disability. If the individual does not receive benefits enter 0.

d. **TANF**

Enter the monthly amount of cash public assistance payments made through the federally funded TANF program (to the nearest dollar). If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment. If the individual is not receiving assistance enter 0.

e. **GA**

Enter the amount of General Assistance received by the individual each month. If the individual is not receiving assistance enter 0.

f. **Workers Comp.**

Enter the amount of Workers' Compensation received monthly by the individual. If the individual does not receive benefits enter 0.

g. **Other Disability**

Enter the amount of funding the individual receives for his/her disability from a public entity not listed above. If the individual does not receive benefits enter 0.

h. Other

Enter the total amount of all other Public Support received by the individual beyond those otherwise listed. Include cash payments made by Federal, State, and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments. If the individual does not receive other Public Support enter 0.

AWARE will verify the SSI and SSDI Gross Benefit Amount for individuals who are SSA beneficiaries.

10. **Services Provided:** Review the list of services and select those which were provided to the client through the course of his/her case. The purpose of completing the information for each service category listed is to capture all services provided to individuals during the life of their case record whether provided by the VR agency or others as comparable services or benefits. With the exception of assessment services for eligibility determination and IPE development and pre-IPE stabilization services as outlined in CSM 12 the services provided should be those identified on the IPE, not services merely authorized, but actually provided.

a. Apprenticeship Training

A registered apprenticeship program is a work-based employment and training program that combines hands-on, on-the-job work experience in a skilled occupation with related classroom instruction. Structured apprenticeship programs generally have minimum requirements for the duration of on-the job work experience and classroom instruction, and/or could utilize competency-based elements but should have mechanisms in place to ensure quality and consistency of skills acquisition. Other elements that distinguish apprenticeship programs from other work-based efforts including co-op education, on-the-job training, and internships are the following: includes supervision and structured mentoring; provides for wage increases as an apprentice's skills increase; is based on an employer-employee relationship; and provides an industry recognized certificate of completion of the program.

b. Assessment

Assessment means services provided and activities performed to determine an individual's eligibility for VR services, to assign an individual to a priority category of a State VR agency that operates under an order of selection, and/or to determine the nature and scope of VR services to be included in the IPE. Include here trial work experiences and extended evaluation.

Assessments to determine eligibility, assignment of a priority category or the nature or scope of services to be included on the IPE include, but are not limited to psychological assessments, audiological evaluations, dental and medical exams and other assessments of personality, interests, interpersonal skills, intelligence and related functional capacities, educational achievements, work experience, vocational aptitudes, personal and social adjustments, and employment opportunities of the individual and the medical, psychiatric, psychological, and other pertinent vocational, educational, cultural, social, recreational, and environmental factors that affect the employment and rehabilitation needs of the individual.

c. Basic remedial or literacy training

Literacy training or training provided to remediate basic academic skills that are needed to function on the job in the competitive labor market.

d. Benefits Counseling

Assistance provided to an individual who is interested in becoming employed, but is uncertain of the impact work income will have on any disability benefits and entitlements being received, and/or is not aware of benefits, such as access to healthcare, that might be available to support any work attempt.

This typically involves an analysis of an individual's current benefits, such as SSDI and SSI, the individual's financial situation, and the effect different income levels from work will have on the individual's future financial situation. This assistance is intended to provide the individual an opportunity to make an informed choice regarding the pursuit of employment. Ongoing assistance may also be provided as the individual decides on employment goals, searches for jobs, and becomes employed.

e. College and University Training

Full-time or part-time academic training leading to a baccalaureate degree, a certificate, or other recognized educational credential. Such training may be provided by a four-year college or university or technical college.

f. Customized Employment Services

Customized employment means competitive integrated employment for an individual with a significant disability, that is based on an individualized determination of the strengths, needs, and interests of the individual with a significant disability, that is designed to meet the specific abilities of the individual with a significant disability and the business needs of the employer, and that is carried out through flexible strategies. Flexible strategies include job exploration by the individual or working with an employer to facilitate placement, including:

- i. customizing a job description based on current employer needs or on previously unidentified and unmet employer needs;
- ii. developing a set of job duties, a work schedule and job arrangement, and specifics of supervision (including performance evaluation and review), and determining a job location;
- iii. representation by a professional chosen by the individual, or self representation of the individual, in working with an employer to facilitate placement; and
- iv. providing services and supports at the job location.

g. Diagnosis and treatment of impairments

Diagnosis and treatment of impairments means:

- i. Corrective surgery or therapeutic treatment that is likely, within a reasonable period of time, to correct or modify substantially a physical or mental impairment that constitutes a substantial impediment to employment including the medical and surgical procedures required for implantation of neuroprosthetic devices, such as cochlear implants, visual prosthetics, and motor prosthetic devices;
- ii. Diagnosis and treatment for mental and emotional disorders by qualified personnel who meet State licensure laws;
- iii. Dentistry;
- iv. Nursing services;
- v. Necessary hospitalization (either inpatient or outpatient care) in connection with surgery or treatment;
- vi. Drugs and supplies;
- vii. Prescription of prosthetics and/or orthotics related to the individual's diagnosed disability and is necessary for the achievement of the employment outcome;

- viii. Prescription of eyeglasses and visual services, including visual training, related to the individual's diagnosed disability and necessary for the achievement of the employment outcome;
 - ix. Podiatry;
 - x. Physical therapy;
 - xi. Occupational therapy;
 - xii. Speech or hearing therapy;
 - xiii. Mental health services;
 - xiv. Treatment of either acute or chronic medical complications and emergencies that are associated with or arise out of the provision of physical and mental restoration services or that are inherent in the condition under treatment;
 - xv. Special services for the treatment of individuals with end-stage renal disease, including transplantation, dialysis, artificial kidneys, and supplies;
 - xvi. Other medical or medically related rehabilitation services; and
 - xvii. Medical care for acute conditions arising during rehabilitation and constituting a barrier to the achievement of an employment outcome is also included in this category.
- h. Disability related augmentative skills training
Disability-related augmentative skills training includes but is not limited to: orientation and mobility; rehabilitation teaching; training in the use of low vision aids; Braille; speech reading; sign language; and cognitive training/retraining.
- i. Graduate College or University Training
Full-time or part-time academic training leading to a degree recognized as beyond a baccalaureate degree, such as a Master of Science, Arts (M.S. or M.A.) or Doctor of Philosophy (Ph.D.) or Doctor of Jurisprudence (J.D.). Such training would be provided by a college or university
- j. Information and referral services
Information and referral services are provided to individuals who need services from other agencies (e.g., cooperative agreements) not available through the VR program.
- k. Interpreter Services
Interpreter services are sign language or oral interpretation services for individuals who are deaf or hard of hearing and tactile interpretation services for individuals who are deaf-blind. Specially trained individuals perform sign language or oral interpretation. Also include here real-time captioning services for persons who are deaf or hard of hearing. Do not include language interpretation in this category, but in "other services".
- l. Job placement assistance
Job placement assistance is a referral to a specific job resulting in an interview, whether or not the individual obtained the job.
- m. Job readiness training
Training provided to prepare an individual for the world of work (e.g., appropriate work behaviors, getting to work on time, appropriate dress and grooming, increasing productivity).

n. Job search assistance

Job search activities support and assist an individual in searching for an appropriate job. Job search assistance may include help in resume preparation, identifying appropriate job opportunities, developing interview skills, and making contacts with companies on behalf of the consumer.

o. Junior College or University Training

Full-time or part-time academic training above the high school level leading to an associate degree, a certificate, or other recognized educational credential. Such training may be provided by a community college, junior college, or technical college.

p. Maintenance

Maintenance means monetary support provided for those expenses such as food, shelter and clothing that are in excess of the normal expenses of the individual, and that are necessitated by the individual's participation in an assessment for determining eligibility and VR needs or while receiving services under an IPE.

q. Miscellaneous Training

Any training not recorded in one of the other categories listed, including GED or high school training leading to a diploma, or courses taken at four-year, junior or community colleges not leading to a certificate or diploma.

r. Occupational/Vocational Training

Occupational, vocational, or job skill training provided by a community college and/or business, vocational/trade or technical school to prepare students for gainful employment in a recognized occupation, not leading to an academic degree. This would include selected courses or programs of study at a community college, four-year college, university, technical college or proprietary schools or programs.

s. On-the-job Supports- Supported Employment

On-going support services and other appropriate services needed to support and maintain an individual with a most significant disability in supported employment for a period of time generally not to exceed 24 months. Services, such as job coaching, are for individuals who have supported employment and long-term supports identified on the IPEs. On-the-job support services with a supported employment goal are funded using Title VI and Title I funds.

t. On-the-job Supports- Short Term

Support services provided to an individual who has been placed in employment in order to stabilize the placement and enhance job retention. Such services include short-term job coaching for persons who do not have a supported employment goal consistent with the employment goal on the IPE.

u. On-the-job Training

Training in specific job skills by a prospective employer. Generally the trainee is paid during this training and will remain in the same or a similar job upon successful completion.

v. Other services

Use this category for all other VR services that cannot be recorded elsewhere. Included here are occupational licenses, tools and equipment, initial stocks and supplies.

w. Personal attendant services

Personal attendant services are those personal services that an attendant performs for an individual with a disability including, but not limited to bathing, feeding, dressing, providing mobility and transportation, etc in multiple settings to include home, work and training facilities/school.

x. Reader services

Reader services are for individuals who cannot read print because of blindness or other disability. Reader services include, in addition to reading aloud, transcription of printed information into Braille or sound recordings if the individual requests such transcription. Reader services are generally for individuals who are blind or deaf-blind, but may also include individuals unable to read because of serious neurological disorders, specific learning disabilities, or other physical or mental impairments.

y. Rehabilitation technology

Rehabilitation technology means the systematic application of technologies, engineering methodologies, or scientific principles to meet the needs of, and address the barriers confronted by, individuals with disabilities in areas that include education, rehabilitation, employment, transportation, independent living, recreation, home and vehicular modification, other assistive devices including, but not limited to hearing aids, low vision aids and wheelchairs. This includes the hardware portion of neuroprosthetic devices, such as cochlear implants, visual prosthetics, and motor prosthetic devices, but does not include medical and surgical procedures required for implantation of neuroprosthetic devices which should be coded as diagnosis and treatment of impairments. Rehabilitation technology includes rehabilitation engineering, assistive technology devices, and assistive technology services. The term includes the following:

- i. Rehabilitation Engineering Services are the systematic application of engineering sciences to design, develop, test, evaluate, apply, and distribute technological solutions to problems confronted by VR individuals in functional areas such as mobility, communications, hearing, vision, and cognition, and in activities associated with employment, independent living, education, and integration into the community.
- ii. Assistive Technology Devices are any items, piece of equipment, or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain, or improve the functional capabilities of a VR customer.
- iii. Assistive Technology Services are any services that directly assist an individual with a disability in the selection, acquisition, or use of an assistive technology device. Services may include:
 1. The evaluation of the needs of an individual, including a functional evaluation of the individual in his/her customary environment;
 2. purchasing, leasing, or otherwise providing for the acquisition by an individual of an assistive technology device;
 3. selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 4. coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

5. training or providing technical assistance for an individual or, if appropriate, the family members, guardians, advocates, or authorized representatives of the individual; and 6. training or providing technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or others who provide services to, employ, or are otherwise substantially involved in the major life functions of VR individuals to the extent that training or technical assistance is necessary for individuals to achieve an employment outcome.

z. Technical assistance services

Technical assistance and other consultation services provided to conduct market analyses, to develop business plans, and to provide resources to individuals in the pursuit of self-employment, telecommuting and small business operation outcomes.

aa. Transportation Services

Transportation, including adequate training in the use of public transportation vehicles and systems, means travel and related expenses that are necessary to enable an applicant or eligible individual to participate in a VR service.

bb. Vocational rehabilitation counseling and guidance

Vocational rehabilitation counseling and guidance includes information and support services to assist an individual in exercising informed choice and is distinct from the case management relationship that exists between the counselor and the individual during the VR process.

11. Services Provided by Agency:

For each service category choose the appropriate response to provide information on whether services in the category were purchased and/or provided by the VR agency and/or provided by comparable services and benefits providers for the individual. Include all services furnished over the life of the case for the individual. The choices are:

- a. Private Community Rehab Program: Private CRPs are programs that are operated as not-for-profit organizations.
- b. Private Other: private service providers include private not-for-profit organizations, such as VR providers (other than CRPs), as well as proprietary businesses, such as private hospitals and mental health clinics as well as contracted service delivery staff.
- c. Public Community Rehab Program (CRPs): public CRPs are programs that are operated by a state, county, municipal or other local government.
- d. Public other: public service providers are organizations or agencies of state, county, municipal or other local government and third party cooperative arrangements.
- e. State VR Agency: provided by the VR agency in-house by VR staff only

12. Comparable Service/Benefit Provider:

If the service provided was primarily funded by a comparable benefit source select the box which best describes the comparable benefit source. Options are:

- a. Adult Education and Literacy Programs
- b. American Indian VR Service Program,
- c. Centers for Independent Living,
- d. Child Protective Services,
- e. Community Rehabilitation Programs,

- f. Consumer Organizations or Advocacy Groups,
- g. DOL Employment and Training Service Programs,
- h. Educational Institutions (elementary/secondary),
- i. Educational Institutions (post-secondary),
- j. Employers,
- k. Employment Networks not otherwise listed,
- l. Federal Student Aid (PELL Grant, SEOG, etc.),
- m. Intellectual and DD Agencies, M
- n. Medical Health Provider (public or private),
- o. Mental Health Provider (public or private),
- p. None,
- q. One-stop Operators,
- r. Other, Other State VR Agencies,
- s. Other WIOA-funded Programs,
- t. Public Housing Authority,
- u. SSA (DDS or District Office),
- v. State Department of Correction/Juvenile Justice,
- w. State Employment Service Agency,
- x. Veterans Benefits Administration,
- y. Veterans Health Administration,
- z. Wagner-Peyser Employment Service Program,
- aa. Worker's Compensation

APPENDIX 16-A**CLIENT SERVICE STATUS CATEGORIES**

Referral Status

Applicant Status

Applicant E Status- Eligibility Extension

Applicant X Status- Extended Evaluation

Applicant T Status- Trial Work

Eligibility Status

Eligibility E Status- IPE development Extension

Delayed Status

Service Status

Service I Status- Interrupted

Service J Status- Job Ready

Employed Status

Closed Rehab-Status

Closed Other Status- Closure status for all individuals closed anything other than rehabilitated or closed from post-employment services.

Closed PES Status- Clients in this status have been closed successfully rehabilitated but require Post Employment Services.